

(A) MAKLUMAT PEMINDAHAN FAEDAH PERSARAAN / RETIREMENT BENEFIT TRANSFER INFORMATION

 Kami, (Nama Majikan)
We, (Employer Name) _____

 No. Rujukan Majikan, merupakan Majikan kepada pekerja-pekerja yang disenaraikan di dalam Lampiran A
Employer Reference No. are Employers to the employees as listed in Appendix A (in the form of a printed copy or compact disc

 (dalam bentuk salinan bercetak atau cakera padat (DC) atau disket) yang disertakan bersama-sama borang ini.
(CD) or diskette) which is attached together with this form.

 Kami dengan ini memindahkan faedah persaraan pekerja-pekerja tersebut kepada Kumpulan Wang Simpanan Pekerja (KWSP) keseluruhan berjumlah:
We hereby transfer the retirement benefits of the employees as per listed to Employees Provident Fund (EPF) with the total sum of:

Ringgit Malaysia _____ RM (_____)

(B) MAKLUMAT BAYARAN / PAYMENT INFORMATION

 Cek/ Cek Jurubank/ Draf Bank
Cheque/ Banker's Cheque/ Bank Draft _____

(C) PENGESAHAN MAJIKAN / DECLARATION BY EMPLOYER

 Kami mengesahkan bahawa:
We confirm that:

- Semua butiran dan maklumat yang diberikan di dalam borang ini (merangkumi butiran di Lampiran A) adalah sah dan benar;
All information submitted in this form (encompassing information provided in Appendix A) are valid and true;
- Persetujuan pekerja-pekerja untuk memindahkan Faedah Persaraan mereka ke KWSP telah diperoleh; dan sekiranya pengesahan pekerja tidak diperoleh maka kami akan lampirkan Surat Akujanji Dan Tanggungruji Bagi Pemindahan Faedah Persaraan Pekerja Kepada KWSP;
Consent has been obtained from the employees as per listed to transfer their retirement benefits to EPF; and in the event consent was not obtained, we append a Letter of Undertaking and Liability For Transferring Employee Retirement Benefits To KWSP.
- Bayaran ini adalah untuk faedah persaraan seperti yang ternyata dalam kontrak perkhidmatan pekerja.
This payment is for the retirement benefits as stated in the employees' service contract.

TANDATANGAN MAJIKAN/
WAKIL MAJIKAN

 SIGNATURE OF EMPLOYER/
EMPLOYER'S REPRESENTATIVE _____

NAMA

NAME _____

JAWATAN

POSITION _____

NO. DOKUMEN PENGENALAN DIRI

IDENTIFICATION DOCUENT NO. _____

NO. TELEFON BIMBIT

MOBILE TELEPHONE NO. _____

E-MEL / EMAIL

TARIKH PERMOHONAN (HH-BB-TTTT)

 DATE OF APPLICATION (DD-MM-YYYY) : - -
CAP RASMI / OFFICIAL STAMP
UNTUK KEGUNAAN KWSP SAHAJA / FOR EPF USE ONLY
TARIKH TERIMA (HH-BB-TTTT)
RECEIPT DATE (DD-MM-YYYY) - -
NO. ANGGOTA
STAFF NO.
CAWANGAN
BRANCH OFFICE
CAP TERIMA / STAMP OF RECEIPT

(D) SENARAI PEKERJA-PEKERJA BAGI TUJUAN PEMINDAHAN FAEDAH PERSARAAN					LAMPIRAN A
<i>LIST OF EMPLOYEES FOR TRANSFER OF RETIREMENT BENEFITS</i>					<i>APPENDIX A</i>
BIL. NO.	NAMA PEKERJA <i>NAME OF EMPLOYEE</i>	NO. AHLI KWSP <i>EPF MEMBERSHIP NO</i>	NO. PENGENALAN DIRI <i>IDENTIFICATION NO.</i>	JUMLAH FAEDAH PERSARAAN (RM) <i>RETIREMENT BENEFIT AMOUNT</i>	PERSETUJUAN PEKERJA (YA/TIDAK) <i>EMPLOYEE'S CONSENT (YES/NO)</i>
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2					
3					
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KAMI MENGESAHKAN SEMUA MAKLUMAT YANG DIBERIKAN DI ATAS ADALAH SAH DAN BENAR./WE CONFIRM THAT ALL INFORMATION SUBMITTED ABOVE ARE VALID AND CORRECT.

**TANDATANGAN MAJIKAN/ WAKIL
 MAJIKAN/ PEMEGANG AMANAH TABUNG
 PERSARAAN YANG DIBERI KUASA:**
*SIGNATURE OF EMPLOYER/ EMPLOYER'S
 REPRESENTATIVE / AUTHORIZED RETIREMENT FUND :*

JAWATAN & CAP RASMI
POSITION & OFFICIAL STAMP

□□□□ - □□□□ - □□□□□□
TARIKH (HH-BB-TTTT)
DATE (DD-MM-YYYY)